

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/08/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/23/2011
NAME OF PROVIDER OR SUPPLIER RIDGEWOOD TERRACE NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 426 ISLAND FORD ROAD MADISONVILLE, KY 42431		
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K 000	INITIAL COMMENTS	K 000			
K 018 SS=E	<p>A Life Safety Code survey was initiated on 02/23/11 and concluded on 02/23/11. The facility was found not to meet the minimal requirements with 42 Code of the Federal Regulations, Part 483.70. The highest scope and severity deficiency identified was at an "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure there were no impediments to the closing of resident room doors. The deficiency had the potential to affect two (2) smoke compartments, twenty (20)</p>	K 018	<p>K000</p> <p>DISCLAIMER: This Plan of Correction is prepared, submitted and executed because it is required by the provisions of the state and federal law and not because Ridgewood Terrace Health & Rehabilitation Center agrees with the allegations and citations listed on the pages of Statement of Deficiencies. Ridgewood Terrace Health & Rehabilitation Center maintains that the alleged deficiencies do not jeopardize the health and safety of residents, nor is it of such character as to limit our capability to render adequate care. Please accept this Plan of Correction as the facility's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates Ridgewood Terrace Health & Rehabilitation Center has taken or will take the actions set forth in the following Plan of Correction.</p> <p>K018</p> <p>1. Room 501: Furniture was rearranged on</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 018	Continued From page 1 residents, staff and visitors. The findings include: Observation on 02/23/2011 at 10:30 AM, revealed the resident room door for room 501 was blocked by a bed. Doors must not have impediments to there closing so doors can be closed during a fire, preventing smoke and fire from getting in the corridor. The observation was confirmed with the Maintenance Director. Interview on 02/23/2011 at 10:30 AM, with the Maintenance Director, revealed the facility has a problem with items blocking resident room doors. Further observation on 02/23/2011 between 10:30 AM and 10:56 AM, revealed a chair blocking the door of resident room 503, a chair blocking the door of resident room 507, a dresser blocking the door of resident room 504, a chair blocking the door of resident room 404, a night stand blocking the door of resident room 303, a chair blocking the door of resident room 203, a wheelchair blocking the door of resident room 201, a chair blocking the resident room 105, and a chair blocking the door of resident room 101. All observation was confirmed with the Maintenance Director.	K 018	02/24/11 and the bed was moved to no longer obstruct the closing of the door. Room 503: On 02/24/11 the chair blocking the door of the resident's room was moved to no longer obstruct the closing of the door. Room 507: On 02/24/11 the chair blocking the door of the resident's room was moved to no longer obstruct the closing of the door. Room 504: Resident no longer resides at facility. Room 404: On 02/24/11 the chair blocking the door of the resident's room was moved to no longer obstruct the closing of the door. Room 303: On 03/15/11 the night stand blocking the door		
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted	K 025			

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K 025	<p>Continued From page 2</p> <p>heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure smoke barriers were maintained according to NFPA standards. The deficiency had the potential to affect two (2) smoke compartments, one hundred and ten (110) residents, staff and visitors.</p> <p>The findings include:</p> <p>Observation on 02/23/2011 at 10:10 AM, revealed an unapproved make shift door in the attic area of the smoke barrier on the 100 Hall. Further observation revealed the make shift door was open and had TV cable running through the door. Doors in smoke barriers must meet the requirements of NFPA. The observation was confirmed with the Maintenance Director.</p> <p>Interview on 02/23/2011 at 10:10 AM, with the Maintenance Director, revealed he had not had time since starting at the facility to check the attic smoke barriers for proper doors.</p> <p>Observation on 02/23/2011 at 10:16 AM, revealed an unapproved make shift door in the attic area of the smoke barrier on the 600 Hall. Further observation revealed the make shift door was open and had telephone lines running through the door. Doors in smoke barriers must meet the requirements of NFPA. The observation was confirmed with the Maintenance Director.</p>	K 025	<p>of the resident's room will be removed by family or the facility.</p> <p>Room 203: On 03/15/11 the chair blocking the door of the resident's room will be removed by family or facility.</p> <p>Room 201: On 02/24/11 the wheelchair blocking the door of the resident's room was moved to no longer obstruct the closing of the door.</p> <p>Room 105: On 02/24/11 the chair blocking the door of the resident's room was moved to no longer obstruct the closing of the door.</p> <p>Room 101: On 02/24/11 the chair blocking the door of the resident's room was moved to no longer obstruct the closing of the door.</p>		

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K 025	<p>Continued From page 3</p> <p>Interview on 02/23/2011 at 10:10 AM, with the Maintenance Director, revealed he had not had time since starting at the facility to check the attic smoke barriers for proper doors.</p> <p>Reference: NFPA 101 (2000 edition)</p> <p>8.2.3.2.3.1 Every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. The fire protection rating for opening protectives shall be as follows:</p> <p>(3) 1/2-hour fire barrier - 20-minute fire protection rating</p> <p>(1) 2-hour fire barrier - 1 1/2-hour fire protection rating (2) 1-hour fire barrier - 1-hour fire protection rating where used for vertical openings or exit enclosures, or 3/4-hour fire protection rating where used for other than vertical openings or exit enclosures, unless a lesser fire protection rating is specified by Chapter 7 or Chapters 11 through 42</p> <p>NFPA 80 (1999 edition)</p> <p>11-1 Doors. 11-1.1 General. This chapter shall cover the installation of both horizontal and vertical access doors in fire-rated walls, floors, and floor-ceiling or roof-ceiling assemblies. 11-1.2 Components. An access door shall be an integral unit</p>	K 025	<p>2. The Maintenance Director and Corporate Physical Plant Manager completed a physical audit to ensure that no furniture obstructed the doors of any resident room on 02/24/11. Any furniture found to obstruct the closing of the door to the resident room was moved or arrangements made for family or facility to remove by 03/15/11.</p> <p>3. The Maintenance Director and Corporate Physical Plant Manager provided education to the facility Department Directors on the importance of removing furniture obstructing the closure of resident's doors on 03/11/11.</p> <p>The Social Services Director notified family members of resident having oversized furniture and of the need to remove the items on 02/24/11 and</p>		

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K 025	Continued From page 4 including the door, frame, hinges, latch, and closing device (where required) bearing a label that reads " Frame and Fire Door Assembly. " Exception: A vertical access door shall be permitted to have hinges that are not part of the labeled assembly, provided the hinges conform to Table 2-4.3.1. 11-1.2.1 Access doors shall be self-closing. 11-1.2.2 Access doors shall be self-latching. Exception: A horizontal access door that does not open downward and that remains in place when an upward force of 1 psf (48 N/m ²) is applied over the entire exposed surface of the door shall not be required to be self-latching. 11-1.2.3 Self-closing access doors that are intended to be used to allow a person to enter the concealed space behind the door completely shall be operable from the inside without the use of a key or tool. 11-1.2.4 Access doors shall be installed in accordance with their listing. 11-2.2 Vertical Access Doors. 11-2.2.1 Vertical access doors shall have a fire protection rating of 3/4 hour, 1 hour, or 1 1/2 hours. (See Appendix F.) 11-2.2.2 Vertical access doors shall be used only in walls. 11-2.2.3 Where the authority having jurisdiction determines that a vertical access door is located in proximity	K 025	final follow-up on 03/14/11. Facility Department Directors are responsible for the monitoring of designated rooms so that all rooms are checked daily for furniture impeding the closure of doors to resident rooms. 4. The Maintenance Director will randomly audit 5 rooms monthly for three months to ensure that furniture does not block closure of the door to the residents rooms. Results of the Maintenance Director's audits will be submitted to the Quality Assurance Committee on-going monitoring. Upon time of admission, family members and resident will be indoctrinated on furniture size to prevent impediments to closing of doors.	3/15/11	

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K 025	Continued From page 5 to combustibles so that, in a fire condition, the door is likely to transmit sufficient heat to ignite the combustibles, the temperature rise on the unexposed face of the door shall not exceed 250°F (139°C) at the end of a 30-minute exposure to the standard fire test as described in NFPA 252, Standard Methods of Fire Tests of Door Assemblies. Such an access door shall bear a label indicating a maximum temperature rise of 250°F (139°C). 11-2.2.4 Closing by means of gravity using top-hinging vertical access doors shall be permitted to meet the requirements for self-closing doors. 11-2.2.5 A vertical access door shall bear a label that includes the additional wording " For Vertical Installation. "	K 025	K025 1. On 03/11/11 the Maintenance Director received a bid for 4 24" x 36" Norset Fire Non- Insulated and Smoke Barrier Doors metal positive Latching for the attic. 2. The four fire doors will be installed in the attic by Mike Russell Mechanical upon shipment to the contractor. 3. The Maintenance Director and Corporate Plant Manager completed a facility inspection to ensure that all doors met Life Safety Standards. 4. The Maintenance Director will ensure that monitoring the facility for applicable fire barriers will be placed on the Preventive Maintenance Log to		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review and interview, it was	K 050			

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K 050	<p>Continued From page 6</p> <p>determined the facility failed to ensure fire drills were conducted according to NFPA standards. The deficiency had the potential to affect two (2) smoke compartments, one hundred and ten (110) residents, staff and visitors.</p> <p>The findings include:</p> <p>Record review of the fire drill records on 02/23/2011 at 11:56 AM, revealed the facility could not show any documentation fire drills were conducted for 2nd shift during the last quarter of 2010. Further observation revealed the facility could not produce any documentation fire drills had been conducted for 3rd shift during 2010. Fire drills must be conducted according to NFPA standards to ensure staffs were trained to handle evacuation of residents during a fire. The observation was confirmed with the Maintenance Director.</p> <p>Interview on 02/23/2011 at 11:56 AM, with the Maintenance Director, revealed the facility had changed Maintenance Directors and the facility was unable to find most of the last Maintenance Director's records.</p> <p>Reference: NFPA 101 (2000 edition) 19.7.1.2 Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms.</p>	K 050	<p>meet NFPA Life Safety Code Standards. Fire door preventive maintenance will be reported to the Quality Assurance Committee by the Maintenance Director monthly on an on-going basis to ensure compliance.</p> <p>K 050</p> <ol style="list-style-type: none"> 1. The Maintenance Director conducted a facility fire drill on 02/28/11 on the 2 PM to 10 AM shift at 6:21 PM; a fire drill on 02/28/11 on the 6 PM to 2 AM shift at 3:41 PM; and a fire drill on 03/03/11 on the 2 PM to 10 PM shift at 6:31 PM. 2. The Maintenance Director scheduled fire drills to occur monthly according to facility policy. 3. The Maintenance Director provided in-service education to all 	3/11/11	

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			<p>employees regarding fire drill protocol on 03/11/11.</p> <p>4. The Maintenance Director will report findings of fire drills to the Quality Assurance Committee monthly to ensure on-going compliance.</p>	3/11/11	